AUTHORIZED REPRESENTATIVE OR PARTY WITHOUT ATTORNEY (N and Telephone):		ame, Address, For ODL use only:		
STATE OF CALIFORNIA DEPARTMENT OF INDUSTRIAL RELATIONS				
In the matter of the Request for Review	v of:			
VS.	Requesting Party,			
	Enforcing Agency.			
AUTHORIZATION FOR REPRESENTATION BY NON-ATTORNEY (Rule 9(b))			Case No.:	- PWH
(Name of Party)	* to serve as our authori	zed represent	ative in this matter and	d to receive all
Specify Name, Address, and Telephone Number of Representative:				
Date:	_			
(TYPE OR PRINT NAME OF $\square$ OWNER, $\square$ OFFICER, OF MAKING THIS DESIGNATION)	$\mathbb{R}  \square$ Managing agent who is	Owner, Officer, or Managing Agent of Party		agent of Party
I accept this authorization.				
Date:	ate: Auth		orized Representative	
* This form is not required for an authorize			M · A · C/L D	